

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         |          |        |          |
| O.I.P.E. CLASSIFIER       |          | 49     | 11/10/01 |
| FORMALITY REVIEW          | Em       | 927    | 01-24-01 |
| RESPONSE FORMALITY REVIEW |          |        |          |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim | Final | Original | Date     |
|-------|-------|----------|----------|
| 1     | 1     | 1        | 01/25/01 |
| 2     | 2     | 2        | 01/25/01 |
| 3     | 3     | 3        | 01/25/01 |
| 4     | 4     | 4        | 01/25/01 |
| 5     | 5     | 5        | 01/25/01 |
| 6     | 6     | 6        | 01/25/01 |
| 7     | 7     | 7        | 01/25/01 |
| 8     | 8     | 8        | 01/25/01 |
| 9     | 9     | 9        | 01/25/01 |
| 10    | 10    | 10       | 01/25/01 |
| 11    | 11    | 11       | 01/25/01 |
| 12    | 12    | 12       | 01/25/01 |
| 13    | 13    | 13       | 01/25/01 |
| 14    | 14    | 14       | 01/25/01 |
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| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 150 pages, staple additional sheet here

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